

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/856746

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2	1		1										
3	1		1										
4		1		1									
5		2		1									
6		1		1									
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13		1		1									
14		2		1									
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TOTAL IND.		↓	4	↓		↓							
TOTAL DEP.		↓	16	↓		↓							
TOTAL CLAIMS			20										
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TOTAL IND.		↓		↓		↓							
TOTAL DEP.		↓		↓		↓							
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331